

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1 CIR/DIST/DIV CODE 0313		2 PERSON REPRESENTED YOLANDA THOMPSON		VOUCHER NUMBER	
3 MAG DKT/DEF NUMBER		4 DIST DKT/DEF NUMBER 2 18 CR 00124-1 UA		5 APPEAL DKT/DEF NUMBER	
7 IN CASE/MATTER OF (Case Name) UNITED STATES v YOLANDA THOMPSON		8 PAYMENT CATEGORY Felony (including pre-trial diversion or alleged felony)		9 TYPE PERSON REPRESENTED Adult Defendant	
				10 REPRESENTATION TYPE Criminal Case	
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense list (up to five) major offenses charged, according to severity of offense</i> 18 371 F					
12 ATTORNEY'S NAME (First Name M I Last Name including any suffix) AND MAILING ADDRESS Salvatore C. Adamo Bar Number 35237 1866 Leithsville Road #306 Hellertown PA 18055 Phone 215-751-1735 Fax 908-859-3182			13 COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name _____ Appointment Dates _____ Because the above named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and cause the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case OR Other (See Instructions) _____ Signature of Presiding Judge or By Order of the Court 7/30/2018 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Salvatore C. Adamo TIN XX-XXXXXX 1866 Leithsville Road #306 Hellertown PA 18055 Phone 215-751-1735 Fax 908-859-3182					

CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15 In Court	a Arrangement and/or Plea				
	b Bail and Detention Hearings				
	c Motion Hearings				
	d Trial				
	e Sentencing Hearings				
	f Revocation Hearings				
	g Appeals Court				
	h Other (Specify on additional sheets)				
	(RATE PER HOUR = \$ 0.00) TOTALS				
16 Out of Court	a Interviews and Conferences				
	b Obtaining and reviewing records				
	c Legal research and brief writing				
	d Travel time				
	e Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$ 0.00) TOTALS				
17	Travel Expenses (lodging, parking, meals, mileage, etc.)				
18	Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS (CLAIMED AND ADJUSTED)					
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 1/1/1901 TO 1/1/1901			20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (---) (---) Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP \$0 00	24 OUT OF COURT COMP \$0 00	25 TRAVEL EXPENSES \$0 00	26 OTHER EXPENSES \$0 00	27 TOTAL AMT APPR/CERT \$0 00	
28 SIGNATURE OF THE PRESIDING JUDGE			DATE	28a JUDGE CODE	
29 IN COURT COMP \$0 00	30 OUT OF THE COURT COMP \$0 00	31 TRAVEL EXPENSES \$0 00	32 OTHER EXPENSES \$0 00	33 TOTAL AMT APPROVED \$0 00	
34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount			DATE	34a JUDGE CODE	CERTIFIED AMT